

**UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT  
DOCKETING STATEMENT--CIVIL/AGENCY CASES**

**Directions:** Counsel must make a **docketing statement (civil/agency) filed** entry in CM/ECF within 14 days of docketing of the appeal, or within the due date set by the clerk's docketing notice, whichever is later. File with the entry the (1) docketing statement form with any extended answers and (2) any transcript order form. Parties proceeding pro se are not required to file a docketing statement. Opposing counsel who finds a docketing statement inaccurate or incomplete may file any objections within 10 days of service of the docketing statement using the ECF event-**docketing statement objection/correction filed**.

<b>Appeal No. &amp; Caption</b>	
<b>Originating No. &amp; Caption</b>	
<b>Originating Court/Agency</b>	

<b>Jurisdiction</b> (answer any that apply)		
Statute establishing jurisdiction in Court of Appeals		
Time allowed for filing in Court of Appeals		
Date of entry of order or judgment appealed		
Date notice of appeal or petition for review filed		
If cross appeal, date first appeal filed		
Date of filing any post-judgment motion		
Date order entered disposing of any post-judgment motion		
Date of filing any motion to extend appeal period		
Time for filing appeal extended to		
Is appeal from final judgment or order?	<input type="radio"/> Yes	<input type="radio"/> No
If appeal is not from final judgment, why is order appealable?		

<b>Settlement</b> (The docketing statement is used by the circuit mediator in pre-briefing review and mediation conducted under Local Rule 33. Counsel may make a confidential request for mediation by calling the Office of the Circuit Mediator at 804-379-4071.)		
Is settlement being discussed?	<input type="radio"/> Yes	<input type="radio"/> No



**Issues** (Non-binding statement of issues on appeal. Attach additional page if necessary)**Adverse Parties** (List adverse parties to this appeal and their attorneys; provide party's address if the party is not represented by counsel. Attach additional page if necessary.)

Adverse Party:

Attorney:  
Address:

E-mail:

Phone:

Adverse Party:

Attorney:  
Address:

E-mail:

Phone:

**Adverse Parties (continued)**

Adverse Party:

Attorney:  
Address:

E-mail:

Phone:

Adverse Party:

Attorney:  
Address:

E-mail:

Phone:

<b>Appellant</b> (Attach additional page if necessary.)	
Name:          Attorney: Address:          E-mail:   Phone:	Name:          Attorney: Address:          E-mail:   Phone:
<b>Appellant (continued)</b>	
Name:          Attorney: Address:          E-mail:   Phone:	Name:          Attorney: Address:          E-mail:   Phone:
<b>Signature:</b> _____ <b>Date:</b> _____	
<b>Counsel for:</b> _____	
<b>Certificate of Service:</b> I certify that on _____ the foregoing document was served on all parties or their counsel of record through the CM/ECF system if they are registered users or, if they are not, by serving a true and correct copy at the addresses listed below (Attach additional page if necessary):	
Signature:	Date: